

Vendor Application Form, Please email to [jelopez@bernco.gov](mailto:jelopez@bernco.gov) or

Fax to (505)462-9817



----- COMPANY INFORMATION -----

Organization Type:      Sole Owner ☐      Corporation ☐      S-Corp. ☐

State of Incorporation: \_\_\_\_\_ Licensed Vendor in NM: ☐ Yes      ☐ No

Company Name: \_\_\_\_\_

Full-Time Food Establishment: ☐ Yes      ☐ No

Liquor License (WINE & BREW GALLERY ONLY): ☐ Yes      ☐ No

Is your company owned by a parent company? ☐ Yes      ☐ No

Parent Company Name \_\_\_\_\_

Parent Company Address \_\_\_\_\_

Parent Company Tax ID \_\_\_\_\_

Are you: Small Business? ☐ Minority-Owned Business? ☐ Veteran-Owned Business? ☐

Women-Owned Business? ☐ Veteran Disabled-Owned Business? ☐

Contact Information: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company's Web Site(s): \_\_\_\_\_

Did your company have a name change in the past 12 months? ☐ Yes      ☐ No

Previous Name: \_\_\_\_\_